

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09258216

FILING DATE

2/26/99

APPLICANT(S)

Soderlund et al.

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
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25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40	1					
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		2				
50		1				
TOTAL IND.	1					
TOTAL DEP.		11				
TOTAL CLAIMS	12					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		2				
60		1				
61	1					
62		1				
63		1				
64		1				
65		1				
66		1				
67		1				
68		1				
69		1				
70		2				
71		1				
72	1					
73		1				
74		1				
75		1				
76		1				
77		1				
78		1				
79		1				
80		2				
81		1				
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	3					
TOTAL DEP.		31				
TOTAL CLAIMS	34					